PART B - FEE(S) TRANSMITTAL

| c | omplete and send t | MAR 1 7 2006 | th applicable fo | ee(s), to: <u>M</u> 2 | P.O. Box 1450 Alexandria, Vi | JE FEE for Patents rginia 22313-1450 | | |
|---|--|---|---|--|--|---|---|--|
| ĪN | STRUCTIONS: This | should be used for fram | smitting the ISSU | or <u>Fa</u> JE FEE and PU | JBLICATION FEE (if rec | quired). Blocks I through 5 s | hould be completed where | |
| app inc ma | INSTRUCTIONS: This 12 should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further continuous condense including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected before a directly activities in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. | | | | | | | |
| | CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any | | | | Note: A certificate | Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying | | |
| | 75 | 12/28/2005 | | | papers. Each addition have its own certific | nis certificate cannot be used an all paper, such as an assignmate of mailing or transmission. | ent or formal drawing, must | |
| 03/20/ | Paul A. Leipold Patent Legal Staff Eastman Kodak Company 343 State Street Rochester, NY 14650-2201 0/2006 TBESHAH2 00000039 10826500 | | | | I hereby certify that States Postal Service addressed to the M transmitted to the U | tertificate of Mailing or Tran this Fcc(s) Transmittal is bein with sufficient postage for fir all Stop ISSUE FEE address SPTO (571) 273-2885, on the | smission g deposited with the United st class mail in an envelope a above, or being facsimile date indicated below. (Depositor's name) (Signature) | |
| 01 FC: | | | | | 0 | much 15, | 2006 (Date) | |
| 02 FC: | APPLICATION NO. | | | FIRST NAMED | MED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. | | | |
| T11 | 10/826,500 TLE OF INVENTION: PI | 04/16/2004 HOTOTHERMOGRAPHIC | | | | 2197 | | |
| L | APPLN. TYPE | SMALL ENTITY | ISSUE F | | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE | |
| | nonprovisional NO \$140 | |) | \$300 | \$1700 | 03/28/2006 | | |
| L | . EXAMINER | | ART UNIT | | CLASS-SUBCLASS | | | |
| | CHEA, THORL | | 1752 | | 430-350000 | 430-350000 | | |
| CF | 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | | | | |
| | PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | | |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | | |
| EASTMAN KODAK COMPANY 343 STATE STREET, ROCHESTER, NY 14650-2201 Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Governmen | | | | | | | | |
| 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): | | | | | | | | |
| | | | | | A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. | | | |
| | Advance Order - # of | | ed) | | | charge the required fee(s), or | credit any overnavment, to | |
| 5.0 | 5. Change in Entity Status (from status indicated above) | | | | nt Number | (enclose an extra c | opy of this form). | |
| | a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. | | | | | | | |
| The NC inte | e Director of the USPTO DTE: The Issue Fee and Perest as shown by the reco | is requested to apply the Iss ublication Fee (if required) ords of the United States Pat | ue Fee and Publicate will not be accepted and Trademark | tion Fee (if any) d from anyone of Office. | or to re-apply any previou ther than the applicant; a re | isly paid issue fee to the applicate strength attorney or agent; or t | ation identified above, he assignee or other party in | |
| Authorized Signature Tand a Leipold you Date 3-13-06 | | | | | | | | |
| | | | | | | No. 26,664 | | |
| This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, prepa submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Comme Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. B Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. | | | | | | | | |
| Un | der the Paperwork Reduc | tion Act of 1995, no persons | are required to res | spond to a collec | ction of information unless | it displays a valid OMB contro | number. | |

01 02